## EDUCATIONAL TRUST PO Box 220888

## Anchorage, AK 99522

Tel: (907) 891-2481~ Email: cmalapit@greatnorthcpas.com

## APPLICATION FOR EDUCATION DISTRIBUTION

## PLEASE INCLUDE ENROLLMENT VERIFICATION

**DIRECTIONS:** IF YOU NEED MORE SPACE, INCLUDE INFORMATION

ON A SEPARATE PIECE OF PAPER

Γ	OATE OF APPLICATION:
N	IAME:
S	OCIAL SECURITY NUMBER:
Г	OATE OF BIRTH:
N	MAILING ADDRESS WHILE IN SCHOOL:
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T	elephone No:
P	ERMANENT MAILING ADDRESS:
1	ERMANENT MAILING ADDRESS.
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_	
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Τ	elephone No.:
F	mail:

a.	I am a Trust B	eneficiary and own	Trust units.			
b.	I am the son / daughter of a Trust Beneficiary. My father / Mother's name is:					
	and owns	Trust units.				
c.	I am the husband / wife of a Trust Beneficiary. My husband / wife's name is:,					
	and owns	Trust u	nits.			
d.	I am the grandson / granddaughter of a Trust Beneficiary. My grandmother's name is:					
NAME ANI		Trust units.  F SCHOOL TO MAIL S	SCHOLARSHIP PAYME			
Financial A	O ADDRESS OF	SCHOOL TO MAIL S	SCHOLARSHIP PAYME			
Financial A	O ADDRESS OF	D.:LL BE ATTENDING: _	SCHOLARSHIP PAYME			
Financial A	O ADDRESS OF	D.:LL BE ATTENDING: _	SCHOLARSHIP PAYME			
Financial A SCHOOL Y DATE YOU	o ADDRESS OF	D.:LL BE ATTENDING: _	SCHOLARSHIP PAYME			
Financial A SCHOOL Y DATE YOU	O ADDRESS OF id Telephone No TEAR YOU WILL WILL START	SCHOOL TO MAIL S  O.:  LL BE ATTENDING:	SCHOLARSHIP PAYME			
Financial A SCHOOL Y DATE YOU CLASS STA	O ADDRESS OF id Telephone No TEAR YOU WILL WILL START	SCHOOL TO MAIL S  O.:  LL BE ATTENDING:  SCHOOL:  THE SCHOOL YEAR A	APPLYING FOR:			

12.	TERMS YOU WILL BE ATTENDING: (mark 1, 2, 3, etc)								
	F	all Quarter		Fall Semester					
	W	Vinter Quarter		Spring Semester					
	S	pring Quarter		Summer Semester					
	Summer Quarter			Other:					
13.	WIL	L YOU BE ATTE	NDING:	Full-time with	credit hours				
				Part-time with	credit hours				
14.	PLA	NNED MAJOR O	R AREA OF	STUDY:					
15.	EXP	EXPECTED GRADUATION DATE:							
16.	ESTIMATED COST OF EDUCATION FOR YEAR APPLYING FOR:								
	Tuition, Fees \$								
	Bool	cs and Supplies	\$						
	тот	'A T	¢						
	TOT								
17.	OTHER FUNDING SOURCES SOUGHT:								
	a.	Chilkat Indian Vi	llage	Yes	No Amount \$				
	b.	Sealaska Heritage	e Foundation	Yes	No Amount \$				
	c.	Tlingit & Haida		Yes	No Amount \$				
	d.			Yes	No Amount \$				
	e.			Yes	No Amount \$				
	f.			Yes	No Amount \$				

INCOMPLETE CREDIT HOURS TO THE EDUCATIONAL TRUST. ALSO, APPLICANT WILL FOLLOW THE EDUCATIONAL TRUST GUIDELINES. APPLICANT'S SIGNATURE BELOW CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT. **DATE:** \_\_\_\_\_ SIGNED: 19. EDUCATION DISTRIBUTION ACKNOWLEDGEMENT BY TRUST **BENEFICIARY:** Education distributions from the Educational Trust are no longer taxable. Please consult your tax advisor to determine if you are eligible for the Hope Scholarship Credit or the Lifetime Learning Credit under Section 201 of the Taxpayer Relief Act of 1997, section 25 A of the Code. THE TRUST BENEFICIARY OR BENEFICIARIES BY SIGNING BELOW CERTIFIES THAT THEY HAVE READ THE FOREGOING AND ACKNOWLEDGE THE EDUCATION DISTRIBUTION BEING MADE ON BEHALF OF THE APPLICANT. ONE OF THE FOLLOWING MUST BE CHECKED TO PROCESS THIS APPLICATION: Acknowledgment by one Trust Beneficiary for the 20 - 20 Year Acknowledgment by two Trust Beneficiaries for the 20 - 20 Year DATE: SSN: SIGNED:

THE APPLICANT ACKNOWLEDGES THEIR RESPONSIBILITY TO RETURN ANY UNUSED FUNDS, OR FUNDS ASSOCIATED FROM WITHDRAWN OR

DATE:\_\_\_\_\_ SSN:\_\_\_\_\_ SIGNED:\_\_\_\_\_

18.